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ABSTRACT

The purpose of this paper is to present a framework and definitions that may be useful in considering the role of advocacy in counseling. Using this framework as a foundation, it reviews advocacy in counseling and discusses examples in a range of advocacy actions. In addition, it proposes some of the possible reasons that advocacy has historically experienced marginalization in counseling. This paper intends to facilitate counselors in identifying the range of appropriate ways they may advocate for clients and client groups. This paper also discusses supportive literature in advocacy, empowerment, and social action as well as issues influencing the implementation of advocacy roles in counseling. (Contains 18 references.) (MKA)

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Chapter One

Developing a Common Language and Framework for Understanding Advocacy in Counseling

Rebecca L. Toporek

Recently, there has been a resurgence of literature around the topic of advocacy in counseling. An increasing amount of theory and research suggests that the field of counseling must seriously consider the role of advocacy in counseling practice (Atkinson, Thompson, & Grant, 1993; Enns, 1993; Esquivel & Keitel, 1990; Grevious, 1985; Sodowsky, Kuo-Jackson, & Loya, 1996). The 1999 Presidential Theme for the American Counseling Association (ACA) is bringing advocacy to the forefront and focusing concentrated efforts on advocacy in practice and training in the field. The purpose of this paper is to present a framework and definitions that may be useful in considering the role of advocacy in counseling. Using this framework as a foundation, I will review advocacy in counseling and discuss examples of a range of advocacy actions. In addition, I will propose some of the possible reasons why advocacy has historically experienced marginalization in counseling. My ultimate intention is to facilitate counselors in identifying the range of appropriate ways that they may advocate for clients and client groups.

Historically, the focus of counseling has been to facilitate clients toward adapting to the environment. However, advocacy in counseling asserts that the environment must change and that both the counselor and client may be instrumental in this change. While little attention has been given to the role of advocacy in counseling, some supporting literature has come from community counseling, multicultural counseling, and feminist therapy. Within the larger profession, there have been some organizational efforts to address advocacy. However, there has been a lack of training and agreement about philosophy, definitions, and methods of implementation. Thus, the term "advocacy" appears to refer to a

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wide range of activities in which counselors and counseling psychologists may engage. In addition, there is a lack of consistency in the endorsement of the advocate role as being appropriate in counseling. It is important to examine these contradictions in order to adequately address and conceptualize the future of advocacy in the counseling profession.

In this paper, I am choosing to focus on advocacy that has, as its intent, a direct focus on clients and client groups. The activities of professional organizations often identify advocacy in terms of advocacy for the profession. In other words, many efforts have emphasized professional involvement in legislation regarding the counseling profession, licensing boards, and managed care systems as a way of maintaining the competitiveness of the field with other helping professions. This type of advocacy has gone largely unchallenged in the counseling profession. While this form of advocacy may benefit clients indirectly, it is only one form of advocacy and is often seen as self-serving. In the remainder of this paper and the model I present, advocacy will not include these types of efforts.

In this paper, I will define advocacy as "action taken by a counseling professional to facilitate the removal of external and institutional barriers to clients' well-being" (Toporek & Liu, in press). In this definition, experiences with clients and specific client issues are the focus of the counselor's advocacy actions and goals. Two other issues are also important. First, there is an assumption that counselors are in positions of institutional power and privilege in relation to clients. This asserts that counselors have access to resources and policies in a way that is different from those available to clients. Advocacy recognizes that the professional position of the counselor, their institutional involvement, and the ascribed credibility of their role and stature, may influence policy and practice in a way that is unavailable to many clients. The second issue of importance is that this definition does not assume that clients are unable to advocate for themselves. Rather, there are certain groups of clients who are the recipients of institutionalized oppression in this country. Specifically, oppression due to race, class, gender, sexual orientation, and physical ability has historically determined the institutional power accessible to many clients and client groups. While many counselors may also be members of these groups, they still hold a certain access to the profession and policy making at a level often unattainable to clients. In reality, the majority of counselors belong to dominant groups and have been the recipients of less oppression. For example, the

great majority of counselors are White, well-educated, middle class, heterosexual, and lack significant physical disabilities. A great number of counselors are White women and therefore face some gender bias in society. However, they are recipients of privilege due to their socioracial identity in society and within the profession they have influence due to their majority.

A Framework for Understanding Advocacy

The working definition of "advocacy" in this paper reflects some concepts presented by Lewis et al. (1998). They suggested that advocacy "serves two primary purposes: (1) increasing clients' sense of personal power and (2) fostering environmental changes that reflect greater responsiveness to their personal needs" (p. 172).

Given the definition of advocacy used in this paper, and the assertions of Lewis et al. (1998), a model of advocacy may be seen as a continuum encompassing empowerment and social action (Toporek & Liu, in press). In this model, advocacy serves as an umbrella concept with empowerment on one end of a continuum and social action on the other. This continuum summarizes a range of activities in which counselors may advocate for clients and client issues. An awareness of sociopolitical forces exists throughout the continuum. However, the context within which the counselor takes action varies along this continuum. Counselor actions that tend to focus within the individual or group counseling environment and assist clients in recognizing and addressing sociopolitical barriers to well-being would lie toward the empowerment end of the continuum. Whereas, counselor actions that advocate for change in the context of a large, public arena would lie toward the social action end of the continuum. I will provide some examples from counseling literature to illustrate what this might look like in counseling. But first, it is important to establish some working definitions of empowerment and social action.

The definition of empowerment in this model "embodies the interpersonal interactions between the therapist and client working within the socioeconomic, sociocultural and sociopolitical context" (Toporek & Liu, in press). Often, in more traditional definitions of empowerment, the focus of counseling is to facilitate the client's sense of self-efficacy during counseling. On the surface, this accurately reflects one aspect of our definition of empowerment. However, traditional definitions typically have avoided references to sociopolitical variables affecting barriers to client action. In

addition, the focus on empowerment in traditional, intrapsychically focused counseling does not suggest counselor involvement in the client's external environment. In fact, involvement in clients' external environments tends to be discouraged and considered a risk for disempowering clients or creating the potential for dual roles. In contrast, McWhirter (1994) emphasized that empowerment must take into account the sociopolitical context within which our clients live. To ignore this aspect is to ignore a crucial influence in empowerment. In the advocacy continuum client goals are placed at the forefront. In empowerment forms of advocacy, the means of achieving these goals may include a counselor's initial involvement in the client's environment while the client moves toward acting independently to challenge their environment. For example, a counselor may help a client to recognize an external barrier that is influencing their well-being and strategize ways of confronting it. The counselor may decide to initially accompany the client in approaching the source of their difficulty (e.g., a hostile teacher).

The other end of the advocacy continuum reflects social action. Social action refers to counselors' participation in the larger sociopolitical context to facilitate the removal of barriers faced by his/her clients or client groups. Thus, social action may include advocacy in a large, public arena. For example, a counselor may become actively involved in legislative or policy issues directly affecting clients and client issues. This type of action reflects the concept of "class advocacy" identified by Lewis et al. (1998). This is in contrast to advocacy around a specific situation or issue faced by a particular client.

Supportive Literature in Advocacy, Empowerment and Social Action

There are several areas of counseling that have provided consistent support for advocacy in counseling. For example, multicultural counseling, feminist therapy, and community counseling have maintained that advocacy is an important and integral role in counseling. This literature provides some specific examples of how advocacy, empowerment and social action may be implemented in counseling.

In multicultural counseling, some authors have suggested that it is necessary to expand traditional counseling professional roles to include advocacy (Atkinson et al., 1993; Esquivel & Keitel, 1990). Leung (1995) suggested that counselors should be active

in systemically changing environments (i.e., reduction of barriers for clients of color) in order to facilitate better educational and career development. Hotchkiss and Borow (1990) provided examples of empowerment and advocacy in career counseling by suggesting that the counseling role may include helping clients to complete job applications and to strategize about dealing with discrimination. Arredondo et al. (1996) presented an example of an advocacy opportunity for counselors within higher education. In their example, a counselor received numerous complaints from students of color about a particular faculty member. The counselor may facilitate students' understanding of the discrimination complaint process (empowerment) and then go a step beyond by intervening at an institutional policy level (social action).

In feminist therapy and counseling, there has traditionally been a focus on client advocacy, empowerment, and social action (Enns, 1993). From this perspective, empowerment in counseling has included encouraging clients' awareness of the sociopolitical forces that impinge on their mental health. In addition, there is a focus on facilitating action to change these systems. As an example of this approach, Comas-Díaz (1987) suggested an empowerment model of therapy. This model may help Latina clients to understand the effects of racism and sexism, work with the feelings resulting from degradation inherent in the status imposed upon them in society, recognize their role as agents in the solutions to their problems, see the interplay between external forces and their internal difficulties, and identify opportunities for making changes in the larger society.

In community counseling, Lewis and Lewis (1983) and Lewis et al. (1998) presented detailed discussions of various forms of advocacy. One of the examples provided by Lewis et al. (1998) suggested an advocacy situation in which a single teenage parent was denied public education. They suggested an expansion of the counselor's role to directly confront the system with the intention to change policy and support the client's right to an education.

Recently, more literature on social action in counseling has become available. *Social action: A Mandate for Counselors* (Lee & Walz, 1998) provides chapters by various authors addressing multiple forms of social action and its role in counseling. Many counselors may find this to be an invaluable resource.

Social action may take many forms ranging from local institutional change to influencing public policy and federal legislation. Individual counselors have pursued social action and advocacy in terms of legislative and policy issues as well as through

professional associations. Advocacy within professional associations can ultimately contribute to clients' well-being in two ways. First, advocacy may work toward minimizing institutional barriers within the profession. Second, advocacy actions can include enhancing our ability to provide service to individuals and groups who have traditionally been oppressed. The efforts to establish standards of multicultural counseling competence within ACA (Sue, Arredondo & McDavis, 1992) represent one example of this type of advocacy. Many individuals within ACA have worked toward facilitating the adoption of these competencies into accreditation and standards of ethics (Arredondo et al., 1996; D'Andrea & Daniels, 1995; Sue et al. 1992). This type of advocacy directly affects clients who have been traditionally underserved or inappropriately counseled in the past due to neglect of the needs of individuals from diverse racial and ethnic backgrounds.

Other individuals have worked to bring advocacy and social action to the forefront of the profession. Several professional counseling associations have integrated some form of advocacy into their identity. Some of the most notable actions within ACA have been the 1998 Presidential Theme of Social Action and the 1999 Presidential Theme of Advocacy. While the efforts of the ACA Presidential Themes may help encourage advocacy in counseling, there continues to be disagreement about the appropriateness of direct client advocacy. In addition, there has been considerable debate about how "political" these organizations should be in terms of their advocacy.

Advocacy as social action may also be seen in the involvement of individuals in ACA to facilitate position statements that affect federal legislation. This form of advocacy attempts to influence the treatment and experience of large groups of individuals and client populations (e.g., clients of color, gay, lesbian, and bisexual clients). This form of advocacy has been consistently challenged within professional organizations. For example, statements were approved last year by the ACA Human Rights Committee regarding nonsupport for conversion therapy and the denouncement of brutality against gay, lesbian, and bisexual individuals in China. A number of members and divisions of ACA vigorously contested these Committee actions. Similarly, the Public Interest Directorate of the American Psychological Association (APA) has made several public statements supporting legislation affecting low income, immigration, education, and social issues (Tomes, April, 1997). They also have received considerable opposition by some individual members of APA.

Professional Issues Influencing the Implementation of Advocacy Roles in Counseling

There are numerous unresolved issues that affect the implementation of advocacy roles in counseling. First, many counselors and counseling psychologists have disagreed about the degree to which "politics" should be involved in counseling. Some authors (e.g., Katz, 1985) asserted that traditional approaches to counseling have always been political because they have served to maintain the status quo. Other counseling professionals oppose social action advocacy on the grounds that counseling should be apolitical.

Another issue is the lack of training for appropriate advocacy in counseling. This is critical because there are ethical issues involved with advocacy as with all other aspects of counseling. There is a danger that some clients may perceive some advocacy actions when applied inappropriately, to be condescending and disempowering . Similarly, the counselor must be clear of his or her own intentions in advocacy work. For example, a White counselor who advocates to "help those people" or whose actions are motivated out of a sense of guilt, may perpetuate the power imbalance in the system as opposed to eliminating it. In addition, appropriate advocacy requires collaboration on the part of the counselor and client. Current issues around dual roles and other ethical issues set boundaries that need to be examined to allow for appropriate advocacy.

Another area of difficulty is that traditional values in counseling have emphasized intrapsychic approaches and internal locus of control. These represent particular cultural worldviews that de-emphasize sociopolitical and environmental issues in counseling. Cultural values such as independence, self-sufficiency, and personal responsibility have shaped the ways we have been trained to view client problems and provide interventions and treatment. Therefore, the type of theoretical framework and treatment approaches tend to be based on internal attributions of client problems and minimize the importance of addressing external barriers. Due to this focus in training, many counselors may lack the ability to recognize the role of external factors and the competence to address them through counseling interventions.

Finally, the settings within which counselors work may influence the implementation of advocacy. This may occur simply because the administration does not view advocacy as a valuable role or because the counselor's advocacy actions may actually

challenge the policies and practices of the organization. As a result, there are limits on time and resources making advocacy actions more difficult.

Conclusion

Using a model of advocacy that includes a range of activities from empowerment to social action may be helpful in identifying action that may facilitate clients' well-being. Although the concept of advocacy in counseling is not entirely new, there are few guidelines and little training available to assist counselors in appropriately taking on this role. The 1999 ACA Presidential Theme marks a pivotal point in the history of counseling. This is one of the first comprehensive efforts to provide literature, examples, and guidance for counselors in a wide range of settings, with a diversity of clients, and through multiple and varied means. More specifically, the Advocacy Paper Series can serve as an invaluable resource for those counselors, counselor educators, and program developers beginning the implementation of advocacy or reinforcing current advocacy actions.

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